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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
GILES S. PORTER, M.D., Director

Weekly Bulletin

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Teeth*

During the past few years intensive work has been carried on in many centers here and abroad to discover the cause and prevention of dental decay. Previously various theories had been popular—"soft foods," "an acid condition of the month," "lack of cleanliness," "excessive sweets." Out of the present research new scientific conceptions of prevention are being evolved. Diet plays an important, probably the most important, role in the formation and preservation of sound teeth. Poor mouth hygiene encourages decay. Race and heredity are factors affecting dental development. Systemic diseases, especially the childhood infections, are frequent causes of defects in dental development.

The deciduous teeth first appear during the third prenatal month. All of the permanent tooth buds except the second and third molars are present at birth and the crowns of the first molars are already calcified. As with other bony structures, minerals and vitamins are essential to normal development of the teeth. The old adage, "a tooth for a child," testifies to failure in the past to provide these essentials for the mother during pregnancy. The expectant mother should have daily a pint to a quart of milk, two or three vegetables of which at least one should be leafy, fresh fruit, a liberal allowance of oranges (as much as a pint of orange juice daily has been advocated), fresh or canned tomatoes and whole grain cereal or bread. Attention to general health should not be neglected. In order further to protect the mother's own teeth, frequent visits should be made to the dentist to discover and correct decay early.

For the infant, human milk is the best food. By the end of the first month, two teaspoons of fresh orange juice and one of plain cod liver oil should be given daily. Vegetables and whole grain cereals should be started at five or six months. Egg yolk may be given as early as the second month, although it has been customary to delay this food article until after the sixth month. During the runabout age and thereafter, care should be exercised in the selection of the child's diet. Too often, with the advent of younger children, the older ones are not watched in that respect. A pint and a half to a quart of milk, eggs, whole grain cereals, two or more vegetables (at least one leafy), fruit, and an abundance of orange juice daily should be given. Concentrated sweets, especially between meals, seem to have a deleterious effect.

Of great importance likewise in the preservation of sound teeth is cleanliness. Crowded teeth harbor dirt. The first requisite in good mouth hygiene is a broad dental arch to insure well spaced teeth. Heredity is an important factor in the shape of the arch but there are others of equal importance that can be controlled. Adenoids and other forms of nasal obstruction in the infant and young child prevent normal development of the oral cavity. Thumb sucking, bottle feeding and the like, also cause abnormalities of development with crowding of the teeth and malocclusion. Toast, zwieback, and other hard articles of food given as soon as the teeth appear help to strengthen the muscles of mastication and assist in normal development. But not only should effort be directed early toward the development of the dental arch but this care should be continued by preserving the temporary teeth until the permanent ones appear. Caries in the deciduous teeth is frequently neglected because "baby teeth fall out soon anyhow." As a matter of fact, the second bicuspids do not appear to replace the temporary molars until the tenth year and the canines may not erupt until two or three years after that. Not only may neglect of the temporary teeth cause crowding of the permanent set but the discomfort caused by cavities develops poor habits of mastication and loss of school time while subsequent abscesses may affect the child's general health as well.

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The little child can be taught early to visit the dentist without fear. Two years of age is not too young to begin these visits for at that time, with care at home, little need be done but an inspection of the deciduous teeth present. Regular inspection will disclose caries early when correction can be made without discomfort to the patient. At five or six years of age, when the first permanent molars appear back of the deciduous teeth, critical inspection is particularly important as these teeth frequently show defects at eruption which should be corrected at once. Because of their position, the six year molars have been called the "keystone" of the dental arch. For that reason and because they are more apt to be defective than the other permanent teeth, special attention should be directed to them.

At the same time the little runabout may be taught the regular use of the tooth brush. As small and soft a one as can be obtained should be used at this period. It should be exposed to the sun from time to time and replaced frequently. Salt and water may be used or any one of the many simple non-abrasive dentifrices. The exaggerated claims made for certain dentifrices and mouth washes, based on alleged laboratory experiments, especially as regards their antiseptic action, constitutes clever advertising and may well be disregarded. Gentle mechanical friction and rinsing of the mouth which remove food particles from the crevices of the teeth are the important agents in mouth hygiene.

General health measures are essential to normal development and preservation of the teeth as are those special measures directed to the oral cavity. The teeth are part of the whole organism. Conditions, whether of poor diet or poor general hygiene, which affect the teeth affect the individual as a whole. So likewise, dental decay and mouth infection affect the system as a whole. Those dietetic measures directed toward the formation of sound teeth are also essential to the normal development of the body. Sunshine, general hygiene and measures for the prevention of general infections of all kinds are necessary in the development and maintenance of a strong body. All play their part in the preservation of sound teeth. So also, healthy teeth and mouth cavity are essential in preserving good health in the body as a whole.

LOS ANGELES HAS LOW DIPHTHERIA RATE

Among the six largest cities of the United States, each of which has a population of more than a million, Los Angeles has maintained a consistently low diphtheria mortality rate over a long period of years. The following table, taken from an analysis of diphtheria mortality published in the Journal of the American Medical Association, gives detailed information:

Diphtheria, Death Rates per 100,000, Six Largest American Cities

	1930	1925–29	1920–24	1915–19	1910–14	1905–09
New York	2.9	10.7	14.0	21,8	28.0	40.0
Chicago	12.2	11.7	17.5	31.2	37.9	27.0
Philadelphia	2.5	11.8	16.7	22.7	24.6	34.1
Detroit	11.0	19.7	24.3	32.2	33.3	22.6
Los Angeles	5.6	7.0	14.4	7.1	7.5	15.3
Cleveland	4.1	15.3	14.7	20.0	24.6	20.8

Commenting on the results of its analysis, the Journal of the A. M. A. says: "In 1930 the lowest diphtheria rate yet recorded was reached, a rate a little more than half that obtaining five years before. Whether the recent sweeping reductions in diphtheria mortality in various parts of the United States have been caused by natural fluctuations in the disease itself or in the susceptibility of the human host, or whether and in what part they have been brought about by such preventive measures as toxin-antitoxin and toxoid immunization, is a matter on which convincing evidence may be forthcoming in the course of the next decade. The available facts certainly encourage a continuance of the attempts to prevent diphtheria by protective inoculation."

DEMAND FOR CERTIFIED COPIES INCREASES

A total of 22,000 names were added to the State register during the month of May. These names constitute the index to births, deaths and marriages which occurred during the preceding month. Demands upon the bureau for certified copies of birth, death and marriage certificates was very heavy during the month of May. A total of 502 certified copies was issued during the month and 168 searches of the records were made.

MANY BIRTHS IN HOSPITALS AND HOMES

More than half of all infants born in California are born in maternity homes and hospitals. In 1929 out of 81,498 registered births 43,448 occurred in maternity homes and hospitals. This represents 53.3% of the total births. In 1930 out of 84,342 registered births 48,345 occurred in maternity homes and hospitals. This represents 57.3% of the total. The infant mortality rate for the State as a whole in 1929 was 63.7, while the infant mortality rate for infants born in maternity homes and hospitals during the same year was 26.9. In 1930 the infant mortality rate for the State as a whole was 58.6, while the infant mortality rate for infants born in maternity homes and hospitals was 21.7. From these figures it would appear that adequate care for both mother and child plays an important part in the prevention of both infant and maternal mortality.

California's record in establishing favorable infant and maternal birth rates has attracted attention throughout the country. The following outline presents the reasons that these rates are so low:

1. Well-baby clinics distributed throughout a majority of counties, manned
    - (a) By local physicians,
    - (b) Division of Child Hygiene of the local health department, or
    - (c) By physicians loaned by the State Department of Public Health, Bureau of Child Hygiene.

    Forty-eight counties covered out of a total of fifty-eight.
2. Public health nurses and Bureau of Child Hygiene constantly stimulating prenatal and postnatal care.

    Sets of prenatal letters distributed in 1930, 7023.
    Sets of infant care letters distributed in 1930, 10,234.
    Public health nurses registered by the State Board of Public Health (by waiver or examination), 1275.
3. Continuous program of prenatal, intranatal and postnatal in hospital and private care is stressed.
4. Licensing and yearly reinspection of all maternity homes (three beds or less) and maternity departments in hospitals by the State Department of Public Health, Bureau of Child Hygiene.

    California confines 50% plus of its cases in maternity hospitals and homes. San Francisco, 80%.

Maternal Mortality Rates 1929

General State rate	5.22
Maternity hospital and home	5.2

1930

General State rate	5.25
Maternity hospital and home	4.0

Infant Mortality Rate 1930

State of California	58.6
San Francisco	39.8
Los Angeles County	44.8
Los Angeles City	61.0

Where highly organized county health work exists, babies and mothers live.

Medicine is a sacred calling, and he who makes it ridiculous is guilty of sacrilege.—*Sudhoff.*

LOCAL HEALTH DEPARTMENTS ISSUE BULLETINS

The health departments of many cities and counties in California issue bulletins at regular intervals. Most of these are issued monthly but Dr. John J. Cippy, health officer of the San Joaquin County Health District, issues his publication bimonthly. Among other counties which issue bulletins are: San Luis Obispo County, Dr. Allen F. Gillihan, County Health Officer; Santa Barbara County, Dr. R. C. Main, County Health Officer; Imperial County, Dr. Warren F. Fox, County Health Officer; and Los Angeles County, Dr. J. L. Pomeroy, County Health Officer. Among the cities which issue publications regularly are: Los Angeles, Dr. George Parrish, City Health Officer; San Diego, Dr. Alex M. Lesem, City Health Officer; Sacramento, Dr. Herbert F. True, City Health Officer; and San Jose, Dr. H. C. Brown, City Health Officer.

The reports issued by the cities of Los Angeles, Sacramento, San Diego and Los Angeles County are in printed form, while the others are mimeographed. These health officers have found that issuing a publication regularly supplies a certain need to the people of their respective communities. Most of these publications contain summaries of communicable disease reports, together with statements relative to the presence of communicable disease within the community. These publications provide excellent mediums for encouraging and maintaining support of local activities.

Science without eyes does not convey confidence.—*Ambroise Paré.*

In fine, there is nothing in life except what we put in it.—*Mme. Schwetchine.*

MORBIDITY[*]

Diphtheria.

30 cases of diphtheria have been reported, as follows: Los Angeles County 2, Long Beach 1, Los Angeles 5, Monterey Park 1, Signal Hill 1, Monterey 1, Fullerton 1, Orange 1, Santa Ana 1, Riverside County 1, Corona 1, Sacramento County 1, Sacramento 1, San Bernardino County 1, San Francisco 2, Santa Barbara 1, San Jose 2, Santa Cruz County 3, Sonoma County 1, Modesto 2.

Scarlet Fever.

28 cases of scarlet fever have been reported, as follows: Oakland 1, Butte County 1, Fresno County 2, Kern County 2, Kings County 1, Los Angeles County 1, Los Angeles 5, Monterey County 1, Madera 1, San Bernardino County 1, San Diego 1, San Francisco 1, San Joaquin County 2, Lodi 3, Daly City 1, Santa Barbara County 2, Santa Barbara 1, Petaluma 1.

Measles.

60 cases of measles have been reported, as follows: Berkeley 2, Oakland 2, Kern County 1, Alhambra 1, Glendale 1, Los

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[*] From reports received on August 10th and 11th for week ending August 8th.

Angeles 10, Santa Monica 1, Madera County 1, Orange County 2, Placentia 5, Santa Ana 1, Sacramento 1, San Diego County 1, San Diego 3, San Francisco 6, Stockton 2, Arroyo Grande 1, Santa Barbara County 6, Santa Barbara 2, Los Gatos 1, Palo Alto 5, Santa Clara 1, Sunnyvale 2, Santa Cruz 2.

Smallpox.

15 cases of smallpox have been reported, as follows: Butte County 4, Los Angeles 4, South Gate 3, Monterey County 1, Lincoln 1, Sacramento 1, San Bernardino County 1.

Typhoid Fever.

25 cases of typhoid fever have been reported, as follows: Oakland 1, Contra Costa County 1, Imperial County 3, Imperial 1, Los Angeles County 1, Los Angeles 5, Merced County 1, Santa Ana 1, Sacramento County 2, San Bernardino County 2, San Diego County 1, San Diego 1, San Joaquin County 1, Sonoma County 1, Modesto 1, California 2.**

Whooping Cough.

177 cases of whooping cough have been reported, as follows: Alameda 1, Albany 2, Berkeley 24, Oakland 6, Contra Costa County 1, Richmond 1, Los Angeles County 22, Compton 2, Glendale 1, Los Angeles 32, Pasadena 4, Pomona 2, San Fernando 1, San Marino 1, Santa Monica 1, Whittier 1, Lynwood 3, Monterey Park 2, Bell 2, Madera 3, Anaheim 7, Santa Ana 1, Lincoln 1, La Mesa 3, San Diego 9, San Francisco 3, San Joaquin County 7, Manteca 2, Stockton 6, San Luis Obispo County 2, Paso Robles 1, Santa Barbara 7, San Jose 12, Santa Clara 1, Santa Paula 3.

Meningitis (Epidemic).

9 cases of epidemic meningitis have been reported, as follows: Alameda 1, Colusa 2, Fresno County 1, Los Angeles 3, Riverside County 1, National City 1.

Poliomyelitis.

9 cases of poliomyelitis have been reported, as follows: Albany 1, Berkeley 1, Butte County 1, Imperial County 1, Los Angeles County 1, Los Angeles 4.

Encephalitis (Epidemic).

Two cases of epidemic encephalitis have been reported, as follows: Berkeley 1, Siskiyou County 1.

Food Poisoning.

5 cases of food poisoning have been reported, as follows: Oakland 2, San Diego 3.

Undulant Fever.

Turlock reported one case of undulant fever.

Coccidioidal Granuloma.

Glendale reported one case of coccidioidal granuloma.

Septic Sore Throat.

Two cases of septic sore throat have been reported, as follows: Long Beach 1, Sacramento County 1.

Relapsing Fever.

Placer County reported one case of relapsing fever.

Anthrax.

Huntington Park reported one case of anthrax.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Aug. 8 received by Aug. 11	Week ending			Reports for week edning Aug. 9 received by Aug. 12
	July 18	July 25	Aug. 1		July 19	July 26	Aug. 2	
Actinomycosis	1	0	1	0	0	1	0	0
Anthrax	0	0	0	1	0	0	0	0
Chickenpox	68	47	34	32	57	59	28	29
Coccidioidal Granuloma	0	1	0	1	0	2	2	1
Diphtheria	53	27	46	30	48	28	39	41
Dysentery (Amoebic)	0	1	2	1	1	1	2	2
Dysentery (Bacillary)	4	4	5	2	2	1	5	7
Encephalitis (Epidemic)	0	1	2	2	0	0	5	1
Erysipelas	13	10	12	7	12	13	12	14
Food Poisoning	1	25	3	5	0	57	28	3
German Measles	5	7	2	5	3	4	5	7
Gonococcus Infection	112	166	158	187	171	136	97	183
Hookworm	0	0	0	1	0	1	0	0
Influenza	8	14	8	14	21	11	10	6
Leprosy	0	0	0	0	1	1	1	0
Malaria	2	4	6	2	1	5	13	3
Measles	159	155	92	60	336	238	185	84
Meningitis (Epidemic)	1	2	1	9	1	4	6	2
Mumps	50	61	65	51	163	105	82	66
Ophthalmia Neonatorum	0	0	1	1	0	0	1	0
Paratyphoid Fever	3	2	1	1	1	0	1	1
Pellagra	1	1	4	3	0	2	5	2
Pneumonia (Lobar)	24	18	27	21	20	21	67	17
Poliomyelitis	3	5	4	9	96	88	76	56
Rabies (Animal)	9	5	11	7	17	18	9	11
Relapsing Fever	0	0	0	1	0	0	0	0
Scarlet Fever	35	33	43	28	40	49	30	34
Smallpox	9	4	7	15	18	8	22	15
Syphilis	149	165	185	169	162	200	159	185
Tetanus	0	0	0	0	1	2	3	2
Trachoma	1	0	2	1	1	1	4	1
Trichinosis	0	5	0	0	0	0	0	2
Tuberculosis	172	213	187	172	157	188	191	196
Tularemia	1	1	1	0	0	0	1	1
Typhoid Fever	16	22	16	25	18	34	33	25
Undulant Fever	3	3	4	1	3	0	2	2
Whooping Cough	170	190	146	177	168	151	122	108
Septic Sore Throat	2	0	3	2	0	0	0	0
Totals	1,075	1,192	1,079	1,043	1,519	1,429	1,246	1,107

Most of the reportable diseases are at a low stage in their prevalence.

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Food poisoning cases are reported consistently, each week.

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Another case of relapsing fever has been reported.

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Epidemic poliomyelitis remains at a low level.

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